

AGENDA ITEM: 8

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 24 JUNE 2010

Title:	Annual Workforce Report
Responsible Director:	Tim Jones, Executive Director of Delivery
Contact:	Mike Jones, Director of Human Resources Ext: 53610

Purpose:	To provide the Board of Directors with an update of the key issues, activity and progress made within the development of the Workforce during 2009/10
Confidentiality Level and Reason	N/A
Medium Term Plan ref:	Be an employer of choice
Key Issues Summary	<ul style="list-style-type: none"> • Workforce Plans for the new hospital are established and implementation is being progressed within each phase • Workforce key performance indicators are improving with action plans being implemented • The staff survey results were better than many Trusts - the action plan is being implemented • Partnership working with Staffside is improving with joint training in organisational change being of note
Recommendations	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the progress and performance of the range of workforce KPIs • Note the continuous high level performance to the annual staff survey • Note the strong performance of the Trust with regards to Employment Tribunal claims • Accept the Annual Workforce Report
Signed:	Date:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Introduction

This report provides the Board of Directors with a review of the key workforce issues and developments during 2009/2010.

2. Background

The main workforce priorities for the Trust during the year with regard to the workforce were to:

- 2.1 Ensure that the Trust has high quality deliverable workforce plans for the new hospital
- 2.2 Ensure that the Trust's workforce is fully representative of, and accessible to all local communities served
- 2.3 Review workforce policies to ensure that they are fit for purpose
- 2.4 Maintain high performance on the staff satisfaction survey
- 2.5 Review the current Human Resources structure to make the Human Resources function fit for purpose

3. New Hospital Workforce Planning and Organisational Change

Workforce Plans have been developed and tested based on current and future new hospital requirements. The Workstream Leads for each staff group working in conjunction with New Hospital commissioning leads, Human Resources and Finance have approved the plans.

The workforce plans identify the workforce profile change and phasing issues to support the clinical redesign of services to be provided within the new hospital.

Management, Human Resources and Staffside have worked jointly to implement the various staff group organisational change and staff consultation programmes. Brief details of the change programmes affecting over 2500 staff which have been delivered for New Hospital Move One are identified below.

3.1 Nursing

Generic Ward Workforce Plans have been "signed off" by Nurse Management and Finance and are in place for the agreed Clinical Aggregations on each floor of the New Hospital.

Nursing Band 6 and 7 reconfiguration consultation exercises, with affected staff, have been completed. The consultation programme required individual staff to identify preferences based on their skills and experience and the new clinical aggregations. Following the mapping process, based on staff skill sets and the requirement to ensure excellent patient care and safety, all staff have been placed in their first choice. Band 6 and 7 management training and skills update programmes have been implemented to enable competences to be completed for new aspects of the role and to ensure patient safety.

There is a planned reduction of approximately 30 Band 5 Nursing posts, the reduction will be achieved through agreed skill mix changes across Band 5, 4 and 3 nursing posts and natural wastage. Staff numbers in Bands 2 and 3 nursing roles will remain constant. There are changes in skill mix across these two bands. There will be a reduction of approximately 35 band 2 posts with an increase in band 3 by the same number. Training to up-skill the band 2 has taken place and the staff are ready to take up these new roles.

3.2 Medical

- 3.2.1 The Medical Workforce Board have worked through the medical workforce plans for the new hospital. There is no anticipated change in the Consultant numbers (outside of standard business cases made to the Trust Board for new service needs) although some job plans and working arrangements will change to take account of service needs.
- 3.2.2 Workforce plans for junior doctors have identified that there will be additional resource needed for the transitional phases of the move; this has been built into the double running costs by Divisions. Longer term, the Medical Workforce Board is exploring what potential cost savings may be made due to changes in rota arrangements. Single site efficiency savings are planned following changes to rostering process for Junior Doctors.
- 3.2.3 The Trust has continued to progress the medical workforce strategy outlined to the Board in 2007/8. The Trust continues to attract significant interest and praise from other Trusts and NHS Employers for its innovative work in this area and the numbers of “Junior Specialist Doctors” grow as we convert posts from non-training medical grades as staff leave these posts.
- 3.2.4 The current immigration arrangements cause significant practical difficulty and cost to the Trust and is a key reason for the lack of available overseas doctors and locums to fill vacant slots. We will need to engage fully in any consultation

exercises into proposed changes to immigration limits in order to try to minimise further difficulties.

- 3.2.5 The Trust is concerned at the increased cost of agency staff in medical posts and this is partly a result of reduced hours of work for training grade doctors and the lack of locum supply enabling doctors to seek “agency rates”. The Trust is currently exploring ways to reduce the reliance on agency medical staff.

3.3 Clinical Support Services

These staff groups include Imaging, Therapies, Pharmacy and Laboratory Services. All staff groups are implementing single site efficiency savings. New ways of working, including automation and changes to service delivery will impact across all staff groups leading to efficiency savings. Single site efficiency savings have been identified, however, when the Imaging Department moves to the New Hospital, Imaging services will be extended, following the purchase of new imaging equipment.

On-Call and Stand By arrangements have been reviewed in the light of the move to the new hospital. Changes to On Call systems will take place in June 2010 for the staff moving to the new hospital in June 2010. For the remaining Imaging staff, changes to their On Call and Stand By arrangements will take place when they move in 2012/13.

3.4 Other Staff Groups

Staff groups in this category include: Facilities, Clinical Administration and Clerical, Corporate administrative posts and Management.

There will be a reduction in posts within the new hospital project team. This will be achieved through a combination of ending of fixed term contracts and redeployment. Work is well under way to reduce these posts in line with the phasing requirements of the new hospital commission and build.

Housekeeping staff numbers to remain constant. A review is currently underway to ascertain the requirements of 2007 National Cleaning Standards. The outcome of the review will determine the staffing and skill mix requirements to implement the standards. Workforce plans have been drawn up in relation to accommodate the various options.

Catering staff numbers will be reduced following changes to the way in which patient and staff food will be prepared and served, this will require fewer cooks. This reduction will be achieved through natural wastage and redeployment and ending fixed term contracts.

Portering numbers reduce following reorganisation of service and requirements of single site efficiency savings. A small number of portering staff will transfer to Logistics Department.

Ward Administrator, Assistant and Clerk post numbers are due to be reduced as part of single site efficiencies and skill mix changes to

roles. This reduction will be achieved through natural wastage and redeployment where required.

4. **Equality and Diversity**

- 4.1 The Trust is compliant with the publication scheme requirements within the diversity legislation and routinely reports information regarding workforce ethnicity, gender, disability and age.
- 4.2 A review of the Diversity statistics at 31st March 2010 show that the number of non-BME staff members of staff has decreased slightly at 72.9% compared to 76% last year. The two most useful comparisons that we have are the Birmingham Consensus of 2001 which stated that 70.4% of Birmingham was of a non-BME background, and the 2006 statistics from the West Midlands Public Health Observatory which states that there is a 77% non-BME population in the West Midlands.
- 4.3 As at 31st March 2010, 1.89% of our employees had declared a disability as defined by Section 1 (1) of the Disability Discrimination Act. Employees are given a choice as to whether to declare a disability or not: 50.28% did not declare whether or not they had a disability.
- 4.4 In September 2009, the Apprenticeship Scheme within UHB was launched as part of the West Midlands Strategic Health Authority's programme. At the moment 40 apprentices currently have positions within the Trust and are working towards their National Vocational Qualifications.

5. **Human Resources Key Performance Indicators**

5.1 Sickness Absence

The Trust's sickness absence rate for 2009-2010 was 4.52% which is a slight increase from 2008-2009 which was 4.39%. The main area of concern with absence lies with Additional Clinical Services which has decreased from 9.02% last year, to 8.99% this year. Estates and Ancillary staff and qualified Nursing staff were also higher than the Trust target of 5% at 6.30% and 5.01% respectively. The Trust has an action plan for improving sickness absence management performance. This was approved by the Board of Directors in February 2010.

5.2 Casework

There were a total of 101 formal cases during the financial year. Of these there were 78 disciplinary cases, 11 grievance cases and 12 harassment cases. The outcome of these cases is described in Appendix 2. The average length of cases from commencement to closure was:-

Disciplinary Cases - 21.7 weeks
Harassment Cases - 24 weeks
Grievance Cases - 18.5 weeks

We have recently developed a new streamlined procedure for investigations. This is being considered at the Staff Representative Committee meeting in July 2010.

5.3 Employment Tribunal Cases

During 2009 - 2010 the Trust had 12 Employment Tribunal cases. Of the 9 that were concluded 6 were resolved prior to Tribunal Hearing and the Trust was successful in the other 3, one of which has now been lodged at Employment Appeal Tribunal (EAT) see Appendix 2.

5.4 Personal Development Review System (PDRS)

The Trust's PDRS figures for the year ending March 2010 was 87.81%, slightly below the Trust target of 90%. A PDRS action plan was approved by the Board in February 2010 and action is being taken to improve performance. There is also dialogue with Staffside aimed at developing and implementing a more streamlined policy for PDRS. This also includes explicit incorporation of the Trust's visions and values.

A pilot is to commence 1st June 2010 to evaluate the new documentation and process, with Trust wide education and roll out to follow.

6. **National Staff Survey**

6.1 The annual staff survey was conducted by the Healthcare Commission and distributed to a sample of staff between October and December 2009.

6.2 The findings are benchmarked into 40 areas and the Healthcare Commission benchmarked the Trust's scores against other acute Trusts nationally to determine whether our staff experience is in the 20% best or worst Trusts and where we sit in comparison to the national average.

14 scores were in the top 20%, with 2 in the lowest 20% (staff working extra hours and staff experiencing discrimination).

The overall scores were categorised as follows:

	Top 20%	Above average	Average	Below Average	Worst 20%	Total
December 2009 survey	14	14	5	5	2	40
December 2008 survey	7	8	8	11	2	36

6.3 In comparison, we can see a substantial increase in the number of high scoring categories in relation to last year. The staff survey action plan is monitored at the Strategic Delivery Group.

7. **Workforce Policies and Procedures**

A number of new workforce policies were developed during 2009/2010, this includes:

- a) Special Leave policy and procedure
- b) Absence Management Policy
- c) Disciplinary Policy
- d) Grievance and Disciplinary Policy

8. **Human Resources Skill Training**

8.1 Human Resources deliver the following programme of training:

- a) Essential Skills for People Management
- b) Recruitment and Selection
- c) Sickness Absence Management
- d) Managing Investigations

During the financial year Human Resources staff have trained 344 managers in one or more of these policies.

8.2 In recognition of the major workforce change programme brought about by the new hospital, the Director of Human Resources and the Staffside chair have provided training to over 100 managers and staff representatives in implementing the Organisational and Workforce Change policy and procedure.

9. **Recruitment**

9.1 In the period between 1 April 2009 and 31st March 2010, the Trust recruited to 651 vacancies, with activity broken down as follows:

- a) Medical: 102 (this excludes Deanery rotational posts)
- b) Nursing: 140
- c) Others (general): 409 (this includes all other staff groups not covered by medical and nursing)

9.2 The recruitment pathway is delivered through the NHS Jobs website. Currently, the recruitment cycle can take between 8 to 20 weeks. The introduction of risk assessments to enable staff to commence in post before Criminal Records Bureau clearance has been received has reduced the recruitment process by 4 weeks but further work is being undertaken with the ultimate view of reducing the time it takes it recruit further.

10. Health and Wellbeing

- 10.1 A pilot scheme looking to address healthy eating, increasing exercise, smoking cessation and advice on alcohol intake has commenced in Facilities with the issuing of a Health and Wellbeing "Passport", providing staff with personal consultation time with a health trainer. A review of the pilot and Trust-wide roll out is envisaged.
- 10.2 A comprehensive review of the Childcare Voucher Scheme, Cycle to Work Scheme and eye care is underway with the aim of carrying out a re-tendering exercise where appropriate to ensure value for money and an improved service.

11. Pay and Rewards

11.1 Equal Pay

Three Equal Pay cases have commenced within the Trust and are at pre-hearing stage, with the scoping and clarification with both claimants and comparators taking place.

11.2 Recruitment and Retention Premia (RRP)

An annual review is carried out of RRP. Out of the five groups receiving RRP, notice of withdrawal was given to one group. The remaining schemes will be reviewed every six months to decide the relevance, and notice given to withdraw as appropriate and in line with national guidance.

11.3 Job Evaluation

There are a small number of new posts coming through for job evaluation. The target for processing of job evaluation is two weeks. Many cases are completed within 2-7 working days.

11.4 Additional Payments

Trust wide scoping is being undertaken to properly assess the impact of overtime and on-call ahead of any national agreement expected in spring 2011. Lieu time has been included in order to bring it in line and ensure the Trust is aware of its usage across the Trust.

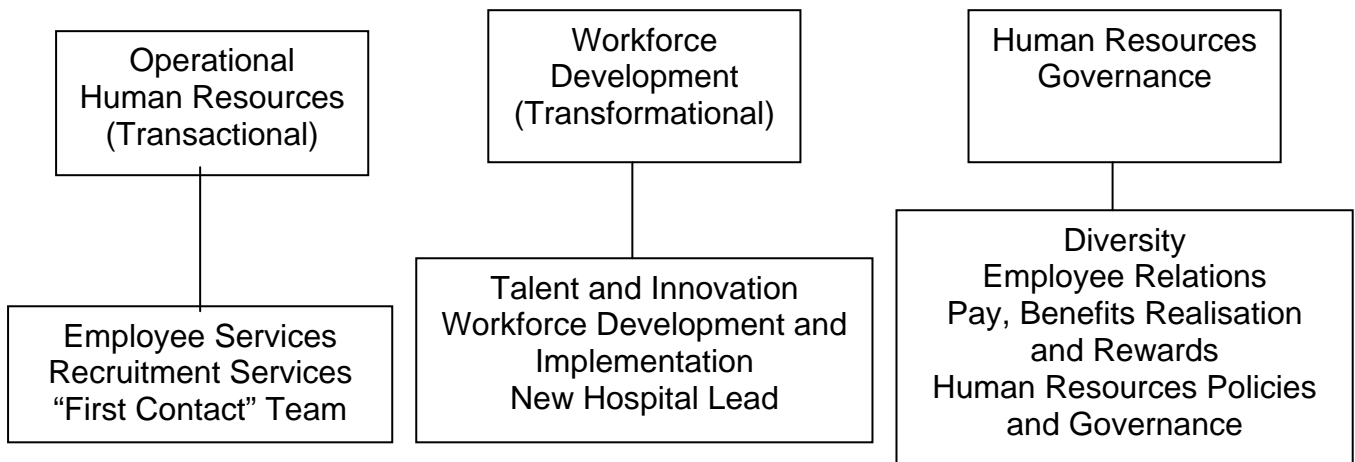
12. Human Resources Department Review

During the winter of 2010 a review of the Human Resources function was conducted. The resulting restructuring proposal was approved at the Chief Executive's Advisory Group on 12th May 2010. The new structure is based upon the following principles:

- 12.1 The establishment of a service based upon functional specialism
- 12.2 Maximise efficiency and consistency through automation of transactional functions.
- 12.3 Ensuring dedicated specialised expertise to the organisational change agenda.

12.4 Reinforcing governance and safety in Human Resources processes and functions.

The new structure can be summarised as follows:



12.5 The new structure will deliver recurring savings of £100,000 per annum.

13. HR Automation

Work has commenced to introduce systems into HR which can support the provision of a more streamlined and automated HR operational service. It is envisaged that the systems will enable managers to manage their staff more effectively with information and reminders which will enable the key performance indicators and statutory responsibilities to be met.

There are 3 systems which are being explored to support Recruitment, Training Administration and operational HR.

13.1 Recruitment Tracking System (Selecting Talent and Recruitment Tracker (START)). A functional specification to build a centralised recruitment tracking system for managing the recruitment cycle has been developed.

13.2 Learning Management System (LMS). The purchase of a Learning Management System is being explored for booking of courses, automated PDRS, reporting and reminding mechanisms and accessibility of staff information linked to competencies.

13.3 e-HR System. An intranet based e-HR system (Sharepoint) and toolkit provides online support to managers in achieving their line management responsibilities and ensuring consistent best practice. e-HR provides a broad range of HR information including answers to commonly asked questions, case studies, letter templates, policies, guidelines and many other supporting e-documents.

Work on introducing the automation into the HR operations is due to be completed by December 2010 and could bring potential future commercial opportunities for the Trust.

14. Staff in post at March 2010

At 31st March 2010, there were 7140 staff in post. For the year 2009/2010, staff turnover was 10.65%. This is broken down by staff group in Appendix 3.

15. Conclusion

15.1 That we are planning and implementing our workforce requirements for the new hospital.

15.2 Our staff are reporting high levels of satisfaction and we will continue to strive to improve this with underpinning policies and strategies to continue our status as an employer of choice.

15.3 That we continue to drive our performance against workforce key performance indicators.

15.4 That the Human Resources function will be restructured and developed to provide the high quality service we require.

15.5 We are working in close partnership with Staff Side organisations across a wide range of activities.

16. Recommendation

The Board of Directors is asked:

16.1 Note the progress and performance of the range of workforce KPIs

16.2 Note the continuous high level performance to the annual staff survey

16.3 Note the strong performance of the Trust with regards to Employment Tribunal claims

16.4 Accept the Annual Workforce Report

Tim Jones
Executive Director of Delivery

Workforce Statistics 31st March 2010 - Diversity**1. Ethnicity**

Ethnic Group	Number	Percentage
A White - British	4857	68.03%
B White - Irish	127	1.78%
C White - Any other White background	221	3.10%
D Mixed - White and Black Caribbean	42	0.59%
E Mixed - White & Black African	14	0.20%
F Mixed - White & Asian	20	0.28%
G Mixed - any other mixed background	35	0.49%
H Asian or Asian British - Indian	418	5.85%
J Asian or Asian British - Pakistani	149	2.09%
K Asian or Asian British - Bangladeshi	41	0.57%
L Asian or Asian British - any other Asian background	257	3.60%
M Black or Black British - Caribbean	252	3.53%
N Black or Black British - African	192	2.69%
P Black or Black British - any other Black background	93	1.30%
R Chinese	43	0.60%
S Any other Ethnic Group	219	3.07%
Z Not Stated	160	2.24%
Grand total	7140	100%

2. Disability

Disability records	Number	Percentage
No	3415	47.83%
Not Declared	321	4.50%
Undefined	3269	45.78%
Yes	135	1.89%
Grand total	7140	100%

Of those declared	Number	Percentage
No	3415	96.20%
Yes	135	3.80%
Grand total	3550	100%

3. Age

Age Range	Number	Percentage
16 - 24	518	7.25%
25 - 29	853	11.95%
30 - 34	993	13.91%
35 - 39	1037	14.52%
40 - 44	1027	14.38%
45 - 49	984	13.78%
50 - 54	777	10.88%
55 - 59	572	8.01%
60 - 64	315	4.41%
65+	64	0.90%
Grand total	7140	100%

4. Gender

Gender breakdown	Number	Percentage
Female	5137	71.95%
Male	2003	28.05%
Grand total	7140	100%

Casework Outcomes

<u>1. Disciplinary Case Outcomes</u>	
Dismissal	17
Final Written Warning	14
First Written Warning	8
Verbal Warning	2
Pre-disciplinary Counselling	14
No Case to Answer	19
Resignation	4
TOTAL :	78

<u>2. Harassment Case Outcomes</u>	
Final Written Warning	1
No Case to Answer	2
Not Upheld	7
Pre-disciplinary Counselling	2
TOTAL :	12

<u>3. Grievance Case Outcomes</u>	
Upheld	1
Not Upheld	10
TOTAL :	11

<u>4. Employment Tribunals April 2009 - March 2010</u>				
Type of Case	Number	Withdrawn/Resolved	Won	To be concluded
Unfair Dismissal	3	2	-	1
Disability Discrimination	2	-	2	-
Race Discrimination	3	-	1	2
Victimisation	1	1	-	-
Pay	3	3	-	-
Total:	12	6	3	3

Appendix 3

Whole Time Equivalent by Division March 2010

Division	Staff Group	Headcount	WTE
Corporate	Professional Scientific and Technical	21	15.59
	Additional Clinical Services	20	19.00
	Administrative and Clerical	961	869.73
	Allied Health Professionals	2	1.10
	Estates and Ancillary	701	510.84
	Healthcare Scientists	22	21.40
	Medical and Dental	17	15.80
	Nursing and Midwifery Registered	118	102.69
Corporate Total		1556.14	1862
Division 1	Professional Scientific and Technical	110	103.94
	Additional Clinical Services	92	82.37
	Administrative and Clerical	33	28.08
	Healthcare Scientists	2	2.00
	Medical and Dental	141	138.64
	Nursing and Midwifery Registered	606	549.77
Division 1 Total		904.79	984
Division 2	Professional Scientific and Technical	32	28.23
	Additional Clinical Services	194	167.42
	Administrative and Clerical	189	165.04
	Healthcare Scientists	49	44.37
	Medical and Dental	264	251.26
	Nursing and Midwifery Registered	516	476.03
Division 2 Total		1132.35	1244
Division 3	Professional Scientific and Technical	10	9.35
	Additional Clinical Services	209	178.28
	Administrative and Clerical	122	101.28
	Allied Health Professionals	211	190.32
	Healthcare Scientists	9	7.68
	Medical and Dental	165	159.51
	Nursing and Midwifery Registered	418	382.96
Division 3 Total		1029.38	1144
Division 4	Professional Scientific and Technical	139	125.55
	Additional Clinical Services	194	159.39
	Administrative and Clerical	210	182.62
	Allied Health Professionals	197	181.13
	Healthcare Scientists	207	192.89
	Medical and Dental	133	120.41
	Nursing and Midwifery Registered	166	150.52
Division 4 Total		1112.50	1246
Division 5	Professional Scientific and Technical	14	9.33
	Additional Clinical Services	111	88.83
	Administrative and Clerical	133	119.62
	Allied Health Professionals	12	8.88
	Healthcare Scientists	6	5.47
	Medical and Dental	132	120.74
	Nursing and Midwifery Registered	252	224.85
Division 5 Total		577.70	660
Grand Total		7140	6312.88

Turnover April 2009 to March 2010

Staff Group	Turnover	Total Leavers	Average headcount
Professional Scientific and Technical	6.97	20	287.00
Additional Clinical Services	13.50	112	829.92
Administrative and Clerical	10.72	175	1633.08
Allied Health Professionals	8.36	34	406.83
Estates and Ancillary	17.25	130	753.50
Healthcare Scientists	9.75	29	297.58
Medical and Dental	6.06	23	379.58
Nursing and Midwifery Registered	8.98	185	2060.67
Total	10.65	708	6648.17

This is calculated by dividing the number of leavers excluding doctors in training by the average workforce over the twelve month period.